



# EVICTIION DISCLOSURE FORM

## SHERIFF OF COOK COUNTY - COURT SERVICES

PLEASE FILL OUT THE FOLLOWING INFORMATION AND ENSURE THAT ALL CONTACT INFORMATION IS CORRECT.

FOR OFFICE USE ONLY

☐ I DO NOT HAVE A LAWYER (Pro Se Litigant)

☐ I AM AN ATTORNEY REPRESENTING A CLIENT

1. CASE NUMBER: \_\_\_\_\_

2. ATTORNEY INFORMATION (If you do not have a lawyer, please leave this section blank):  
(YEAR/ DIVISION/DISTRICT)

NAME ADDRESS (CITY AND ZIP) PHONE (CELL AND/OR DAY CONTACT NUMBER)  
E-MAIL: \_\_\_\_\_

3. LANDLORD/PLAINTIFF INFORMATION:

NAME ADDRESS (CITY AND ZIP) PHONE (CELL AND/OR DAY CONTACT NUMBER)  
E-MAIL: \_\_\_\_\_

4. WHO DO YOU WANT TO RECEIVE THE 24-HOUR NOTICE PHONE CALL BEFORE THE EVICTION?  
TEXT MESSAGE/SMS NOTIFICATION? YES ☐ NO ☐ [By checking YES: Standard Data/SMS rates apply.]

☐ MY ATTORNEY ☐ THE LANDLORD/AGENT ☐ OTHER \_\_\_\_\_  
NAME PHONE (CELL AND/OR DAY CONTACT NUMBER) E-MAIL

5. WHO WILL BE AT THE PROPERTY WHEN THE SHERIFF ARRIVES TO DO THE EVICTION?

☐ MY ATTORNEY ☐ THE LANDLORD/AGENT ☐ OTHER \_\_\_\_\_  
NAME PHONE (CELL AND/OR DAY CONTACT NUMBER) E-MAIL

FOR 6-9, PLEASE SELECT THE SITUATION THAT APPLIES TO YOUR CASE AND FILL OUT THE NECESSARY INFORMATION:

6. ☐ I AM THE LANDLORD OR AN AGENT OF THE LANDLORD OR ASSOCIATION. MY EVICTION IS FOR A:
- ☐ RESIDENTIAL RENTAL PROPERTY (including, but not limited to a condominium being rented to tenants).
  - ☐ CONDOMINIUM OR HOMEOWNERS ASSOCIATIONS (if you are seeking past dues etc.).
  - ☐ COMMERCIAL/ BUSINESS ENTITY (including LLCs, Partnerships, Sole Proprietors, Rental Establishments NOT occupied as residences etc.)

### MORTGAGE FORECLOSURES

7. ☐ THIS IS A MORTGAGE FORECLOSURE ACTION WITHOUT FORCIBLE DETAINER ACTION(S) ATTACHED. OR:

8. ☐ THIS IS A FORCIBLE DETAINER THAT AROSE FROM A MORTGAGE FORECLOSURE ACTION. IF YES, PLEASE FILL OUT (A)-(C):

A. MORTGAGE FORECLOSURE CASE NUMBER [CHANCERY DIVISION]: \_\_\_\_\_

B. DATE THE NOTICE OF INTENT WAS SERVED: \_\_\_\_\_

C. DATE THE FORCIBLE ACTION WAS FILED WITH THE CLERK OF THE CIRCUIT COURT: \_\_\_\_\_ OR:

9. ☐ THIS IS A MORTGAGE FORECLOSURE ACTION WITH FORCIBLE DETAINER ACTION(S) ATTACHED.  
IF YES, PLEASE FILL OUT THE FOLLOWING:

Forcible Detainer Case Number (Municipal Division)	Date the Notice of Intent was Served	Date the Forcible Detainer was filed with the Clerk of the Circuit Court

10. TO THE BEST OF YOUR KNOWLEDGE, PLEASE LIST ALL OCCUPANTS OF THE PROPERTY. THIS INFORMATION IS IMPORTANT FOR OFFICER SAFETY AND FOR POSSIBLE REFFERAL FOR SERVICES AND WILL NOT BE USED TO DELAY THE SCHEDULING OF YOUR EVICTION.

LAST NAME	FIRST NAME	PHONE NO.	IS THIS PERSON OVER 65 YEARS OF AGE? (Check if applicable)	IS THIS PERSON UNDER 14 YEARS OF AGE? (Check if applicable)	IS THIS PERSON DISABLED OR HAVE MENTAL HEALTH CONDITIONS? (Check if applicable and please explain)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. ARE THERE ANY ANIMALS ON THE PROPERTY THAT OFFICERS SHOULD BE AWARE OF? YES ☐ NO ☐

IF YES, PLEASE LIST THEM: \_\_\_\_\_

NOTE: WHERE OCCUPANTS ARE CHILDREN, ELDERLY, HAVE MENTAL HEALTH CONDITIONS, ARE DISABLED OR HAVE PETS, THE SHERIFF'S SOCIAL WORKER WILL ATTEMPT TO NOTIFY AND COORDINATE WITH SOCIAL SERVICES TO ASSIST OCCUPANTS IN VACATING THE PROPERTY.

12. IS THERE ANYTHING ON SITE THAT MAY COMPROMISE OFFICER SAFETY? YES ☐ NO ☐ If so, please explain: \_\_\_\_\_

13. I HAVE READ THIS DISLOSURE AND COMPLETED IT TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

NAME OF PERSON COMPLETING FORM (PRINT)

SIGNATURE